

## LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$6.00



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

P 23552364

Certification Number

Maria DeFeo FEB 01 2017

Local Registrar

Date Issued

Type/Print in

Permanent

Black Ink

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

## CERTIFICATE OF DEATH

State File Number: 301869-2017

1. Decedent's Legal Name (First, Middle, Last, Suffix) <b>Anna Mae Edgar DelPrato</b>		2. Sex <b>Female</b>		3. Social Security Number <b>201-60-2749</b>		4. Date of Death (Month dd, yyyy) <b>January 30, 2017</b>	
5a. Age-Last Birthday (Yrs) <b>44</b>		5b. Under 1 Year Months: <b>0</b> Days: <b>0</b>		5c. Under 1 Day Hours: <b>0</b> Minutes: <b>0</b>		6. Date of Birth (Mo/Day/Year) (Spell Month) <b>November 10, 1972</b>	
7a. Birthplace (City and State or Foreign Country) <b>Chester, Pennsylvania</b>		7b. Birthplace (County) <b>Delaware</b>					
8a. Residence (State or Foreign Country) <b>Pennsylvania</b>		8b. Residence (Street and Number - Include Apt No.) <b>88 Mildred Lane</b>		8c. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in <b>Aston Township</b> twp.			
8d. Residence (County) <b>Delaware</b>		8e. Residence (Zip Code) <b>19014</b>		No, decedent lived within limits of _____ city/boro.			
9. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. Marital Status at Time of Death <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. Surviving Spouse's Name (If wife, give name prior to first marriage) <b>Michael DelPrato</b>		12. Father / Parent's Name (First, Middle, Last, Suffix) <b>Daniel Edgar</b>	
13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) <b>Phyllis Martin</b>		14a. Informant's Name <b>Michael DelPrato</b>		14b. Relationship to Decedent <b>Spouse</b>		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) <b>88 Mildred Lane Aston, PA 19014</b>	
15a. Place of Death (Check only one) <input checked="" type="checkbox"/> If Death Occurred in a Hospital: <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home		15b. Facility Name (If not institution, give street and number) <b>Crozer-Chester Medical Center</b>		15c. City or Town, State, and Zip Code <b>Upland, Pennsylvania 19013</b>		15d. County of Death <b>Delaware</b>	
16a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		16b. Date of Disposition <b>February 03, 2017</b>		16c. Place of Disposition (Name of cemetery, crematory, or other place) <b>Mount Hope Cemetery</b>		17a. Signature of Funeral Service Licensee or Person in Charge of Interment <b>Andrea H Nolan (Electronically Signed)</b>	
17b. License Number <b>FD013356L</b>		17c. Name and Complete Address of Funeral Facility <b>Nolan-Fidale Funeral Home Ltd (Aston) 5980 Chichester Avenue Aston, Pennsylvania 19014</b>					
18. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death. <input checked="" type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		19. Decedent of Hispanic Origin - Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Korean <input type="checkbox"/> Black or African American <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Other Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) _____			
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be. <input checked="" type="checkbox"/> White <input type="checkbox"/> Japanese <input type="checkbox"/> Black or African American <input type="checkbox"/> Korean <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Vietnamese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. <b>Homemaker</b>		22b. Kind of Business/Industry <b>Own Home</b>			
ITEMS 23a - 24 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		23a. Date Pronounced Dead (Mo/Day/Yr) <b>January 30, 2017</b>		23b. Signature of Person Pronouncing Death (Only when applicable) <b>Joanna Paula Sta Cruz MD</b>		23c. License Number <b>MD447405</b>	
23d. Date Signed (Mo/Day/Yr) <b>January 30, 2017</b>		24. Time of Death <b>01:42 AM</b>		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset to Death	
<p><b>CAUSE OF DEATH</b></p> <p>26. Part I. Enter the chain of events--diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) _____ Due to (or as a consequence of): _____</p> <p>Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. _____ Due to (or as a consequence of): _____</p> <p>26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I _____</p>							
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. If Female: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year			
30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month) _____			
33. Time of Injury _____		34. Place of Injury (e.g. home; construction site; farm; school) _____					
35. Location of Injury (Street and Number, City, County, State, Zip Code) _____		36. Injury at Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____		38. Describe How Injury Occurred: _____					
39a. Certifier - physician, certified nurse practitioner, medical examiner/coroner (Check only one): <input checked="" type="checkbox"/> Certifying only - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
Signature of certifier: <b>Joanna Paula Sta Cruz (Signature on File)</b> Title of certifier: <b>MD</b>							
39b. Name, Address and Zip Code of Person Completing Cause of Death (Item 26) <b>Joanna Sta Cruz</b>		39c. Date Signed (Mo/Day/Yr) <b>January 31, 2017</b>		40. Registrar's District Number <b>23-233</b>			
41. Registrar's Signature <b>Maria DeFeo (Signature on File)</b>		42. Registrar File Date (Mo/Day/Yr) <b>February 01, 2017</b>		43. Amendments			

ALUS USED

To Be Completed/Verified By: FUNERAL DIRECTOR

To Be Completed By: MEDICAL CERTIFIER

NAME OF DECEDENT Anna Mae Edgar DelPrato